



# TEWANTIN PHYSIOTHERAPY AND SPORTS INJURY CENTRE

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## TEWANTIN PHYSIO

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## PROFESSIONAL CARE OF:

- Musculoskeletal Injuries
- Back, pelvis & neck problems
- Sports Injuries
- Headaches
- Knee problems/injuries
- Shoulder problems/injuries
- Women's Health

### ADAM TYSOE

Principal Physiotherapist  
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### TRISHA WING

Physiotherapist & Women's  
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## Physiotherapy Management of Golf Injuries

The popularity of golf has led to an increased understanding of the game. It has also led to an explosion in equipment refinement and innovation. While good equipment can enhance performance, **the human body still has to swing the club.** Many parts of the body perform at maximum intensity during the execution of the golf swing. These movements are repeated over the course of several hours and interspersed with several kilometres of walking. Clearly, the better the body can cope with some of the physical requirements of golf, the better the performance.

### The common golf injuries seen by Physiotherapists are:

**Low Back Pain** - L5/S1 inter-vertebral disc bulge and irritation due to continual flexion and rotational loading, placed upon this region. Physiotherapy treatment may be required to release tight and adhered myofascia of the global mobilizing muscles such as hamstrings, Tensor Fascia Latae, IlioTibial Band etc. Core strength training is important to develop control of local and global stability muscles, especially rotational control of the lumbo-pelvic region. Another important objective of physio treatment for low back pain in golfers is to improve the function of posterior oblique, longitudinal, lateral and anterior oblique slings that provide force closure to the lumbo-pelvic area. Improving hip function and gluteal control to off load torsional forces on the pelvis is also important.

**Shoulder Pain** - Another important area to observe is right shoulder internal impingement affecting the Supraspinatus and Infraspinatus tendons of the Rotator Cuff. This can occur due to tight and overactive posterior structures of the shoulder. Because of the mechanics of the golf swing the lateral rotators and posterior capsule become tight altering the motion of the shoulder joint. In external rotation the head of the humerus is pulled backwards and upwards due to the tightening of the posterior structures; and this causes Impingement Syndrome. This responds well to soft tissue release of the lateral rotator muscles of the shoulder and stretching. Other areas to work on include mobilising the posterior joint

capsule, developing good Scapula control and Rotator Cuff muscle stability.

**Hip Pain** - Left hip anterior impingement due to tightening of short Adductor muscles, Iliopsoas and External Rotator muscles of the left hip. The left short Adductors become overactive by pulling the pelvis through in the right-handed golf swing. Also the left Hip Flexor muscles and Hip External Rotator muscles become tight and overactive, as they eccentrically contract to decelerate the left hip on the follow through in the swing. Soft tissue release and stretching of the tight areas mentioned, along with mobilisation of the hip joint is usually effective in relieving symptoms.

**Lateral Epicondylitis** - In the arm is often due to impacting hard ground; the grip being too small or a sudden increased work load causing tissue failure. Lateral Epicondylitis is a typical tendon lesion that needs rest and a chance to heal. Alteration of small grips to larger ones ensures that there is not too much tension in the forearms, by off-loading the common extensor tendon. Adjusting workloads and practicing on softer ground may also help to reduce irritation. Treatment involves Ice Therapy, Anti Inflammatory medication, myofascial release of the extensor muscles, neural mobilization and eccentric strengthening of the tendon and attachment.

**Shin Pain** - Leg Peroneal tendonitis due to overuse or new golf shoes altering foot mechanics. Management of this condition requires rest by reducing workload or using old shoes. Treatment includes ice, Anti Inflammatory medication, myofascial release of the Peroneal muscles, neural mobilization, eccentric strengthening and proprioceptive exercises to improve ankle and foot stability.

**Early Physiotherapy assessment and intervention is the most important part in helping patients achieve the safest and fastest results possible.**